

DEPRESSION SCREENING

Every year more than 19 million Americans and almost 1 million residents in Michigan (that's 1 in 10) suffer from some form of clinical depression. This includes major depressive disorder (the leading cause of disability in the US), bipolar disorder (often referred to as manic-depressive illness), or a milder, more chronic form of depression called dysthymia, which if untreated can lead to major depression.

Studies have shown that the annual cost of depression in Michigan is roughly \$1.6 billion in direct treatment, mortality, absenteeism and loss of productivity at work. Research suggests that 80% of people can be successfully treated for depression; unfortunately the majority of Michigan residents are not seeking or receiving treatment.

Depression is a treatable illness, and that is why October 9, 2003, has been designated National Depression Screening Day. Not only is it hoped that many Americans will take the time for a depression screen, but it is an excellent opportunity to spread public awareness.

Although men are less likely to suffer from depression than women, they are also less likely to admit symptoms of depression and often mask it behind alcoholism, drug use, antisocial behaviors or even the socially acceptable habit of working excessively long hours. In men, depression typically is reflected in being irritable, angry and discouraged which makes it more difficult to recognize. Though more women attempt suicide, the rate of completed suicide is four times greater for men. After the age 70, the rate of suicide for men rises, reaching a peak at about age 85.

Women experience depression about twice as often as men regardless of race, ethnic background or economic status. It is generally thought that biological differences in women such as hormonal changes and genetics contribute to the increased number in women who suffer depression. There may also be social reasons such as greater stress at work and family responsibilities, sexual abuse and poverty.

Depression is not a "normal" part of aging as some people believe, so sometimes when depression develops in an elderly person, it is often dismissed as a natural part of aging. Symptoms in the elderly are also often misdiagnosed as those of other illnesses. Memory loss or confused thinking while often attributed to dementia may actually be the result of major depression.

It has only been in recent years that depression in children has been taken seriously, and yet suicide is the third leading cause of death for those 15 to 24 years old. It is the sixth leading cause of death for those 5 to 14 years. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just

going through a "phase" or is suffering from depression. Depression is even harder to recognize in adolescents where feelings of sadness, loneliness, anxiety and hopelessness may be perceived as normal stresses of growing up rather than warnings of depression. Some depressed teens act out their distress through aggressive and inappropriate behavior, running away or becoming delinquent that are really cries for help rather than typical adolescent rebellion.

The most important thing one can do for a depressed person is to help him/her get an appropriate diagnosis and treatment. A person with depression is not faking illness or laziness and cannot just "snap out of it." However, even severe recurring depression can be responsive to treatment. As with many illnesses, the earlier treatment begins, the more effective it is and the greater likelihood of preventing serious recurrences. Antidepressant medications, psychotherapy (talk therapy) or a combination of the two are the most commonly used treatments for depression. Of course, treatment will not eliminate all of life's normal ups and downs or stressful situations, but it generally can greatly enhance the ability to manage these challenges and lead to a greater enjoyment of life.